

(Rev. 5/05)

**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983**

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE**

DANIEL  
(1) RUFUS DANIEL MCKINSLEY ANDERSON :  
(Name of Plaintiff) (Inmate Number) 328043 :

1181 PADDOCK ROAD, SMYRNA DELAWARE :  
19907 (Complete Address with zip code) :  
SHU 17/CL :

(2) \_\_\_\_\_ :  
(Name of Plaintiff) (Inmate Number) \_\_\_\_\_ :

07-245 :

\_\_\_\_\_ :  
(Case Number) :  
( to be assigned by U.S. District Court) :

\_\_\_\_\_ :  
(Complete Address with zip code) :

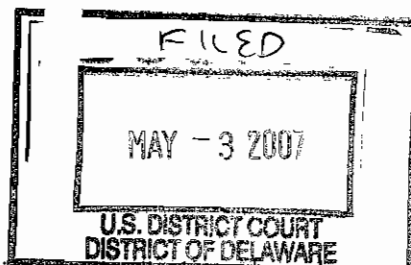
(Each named party must be listed, and all names  
must be printed or typed. Use additional sheets if needed)

REDA HARRIS vs. :  
(1) NURSE DIRECTOR GAIL ELLER :  
(2) MEDICAL DIRECTOR JOHN RUNDLE :  
BRUCE CHIEF PAUL HOWARD :  
(3) DEPUTY WARDEN ROBERT PEARCE :  
(Names of Defendants) :

(Each named party must be listed, and all names  
must be printed or typed. Use additional sheets if needed)

**CIVIL COMPLAINT**

• • Jury Trial Requested



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JFP

**I. PREVIOUS LAWSUITS**

- A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**II. EXHAUSTION OF ADMINISTRATIVE REMEDIES**

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? • Yes • No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? • Yes • No
- C. If your answer to "B" is Yes:

1. What steps did you take? MEDICAL GRIEVANCES FILLED OUT AND PROCESSED TO THE END. ALSO CONTACTED IN-HOUSE AND-OUT-STAFF MEMBERS TO RESOLVE ISSUE THAT HAVE BEEN ON-GOING
2. What was the result? NO CHANGE, SOY THERE IS NO PROBLEM THAT THEY HAVE NOTICED FROM THEIR RECORDS, AND HAVE DENIED MY REQUEST FOR HELP AND ASSISTANCE.

- D. If your answer to "B" is No, explain why not: \_\_\_\_\_

**III. DEFENDANTS** (in order listed on the caption)

- (1) Name of first defendant: GAILE ELLER

Employed as NURSE DIRECTOR at DELAWARE CORRECTIONAL CENTER FOR CORRECTIONAL MEDICAL SERVICES  
 Mailing address with zip code: \_\_\_\_\_

- (2) Name of second defendant: JOHN RUNDLE

Employed as MEDICAL DIRECTOR at DELAWARE CORRECTIONAL CENTER FOR CORRECTIONAL MEDICAL SERVICES  
 Mailing address with zip code: \_\_\_\_\_

- (3) Name of third defendant: PAUL HOWARD

Employed as BRUEA CHIEF at \_\_\_\_\_  
 Mailing address with zip code: \_\_\_\_\_

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

## IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. NURSES UNDER HER SUPERVISION HAVE NOT ADMINISTERED THE TRIPLE ANTI RETROVIRAL DRUG REGIMEN THAT I NEED CONSISTANTLY. I CONTACTED AND NOTIFIED HER OF THIS AND HAVE FILED ~~VARIOUS~~ MEDICAL GRIEVANCES CONCERNING THIS. SHE AND I HAVE HAD CONFRONTATIONS ABOUT THIS, AND SHE HAS HERSELF ~~FILE~~ FILE A FALSE REPORT ON ME AND HAS TOLD ME "YOUR IN PRISON".
2. I HAVE NOTIFIED HIM OF THE MATTER OF NON-ADHERANCE TO THE ANTI RETROVIRAL DRUGS AND HOW THE NURSE DIRECTOR HAS HANDLE IT. SO I HAD TO COME TO HIM TO FURTHER ADDRESS THE ISSUE AND ISSUES OF SYMPTOMS, ~~THE~~ CARE, DOCTOR VISITS WITH HIM, TO NO EFFECT
3. THIS PERSON HAS DENIED ALL OF MY CLAIMS OF MEDICAL GRIEVANCES SURROUNDING AND DIRECTLY DEALING WITH THE PROBLEMS WITH (MEDICAL STAFF, NURSING STAFF, C.M.S.) THEM ADDRESSING ME WITH MY ~~THE~~ ANTI-RETROVIRAL DRUG REGIMEN.

## V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. I WOULD APPRECIATE THE COURT FOR SHOWING THE INTEREST OF WHAT I AM ADDRESSING TO BE TRUE. THUS TURNING UP SOMETHING TO SHOW THE PUBLIC, AND TO ADDRESS THE FUTURE DANGERS AND DAMAGES THAT HAS MOST LIKELY BEEN CAUSED IN THIS SERIOUS MEDICAL ILLNESS EFFECTS IT HAS ON THE IMMUNE SYSTEM AND THE ENTIRE BODY, WITH AND WITH-OUT THE PROPER DRUGS, ALSO TO SHOW THE POSSIBLE EFFECT IF DRUGS ARE NOT TAKEN CORRECTLY AS IS DESIGNED.

2. <sup>11</sup> \_\_\_\_\_ <sup>9/9</sup>

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. <sup>11</sup> \_\_\_\_\_ <sup>19</sup>

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\_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Signed this <sup>28</sup> ~~28~~ day of APRIL, 2007.

*Rafael Daniel McNamee Anderson*  
(Signature of Plaintiff 1)

\_\_\_\_\_  
(Signature of Plaintiff 2)

\_\_\_\_\_  
(Signature of Plaintiff 3)

IM: MR. RUFUS D. Mc ANDERSON  
SB# 328043 UNIT SMU/17/CL1  
DELAWARE CORRECTIONAL CENTER  
1181 FADDOCK ROAD  
SMYRNA, DELAWARE 19977



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